tation of the leg. The deformity of the vertebral column did not disappear on reclining. Lying on the face was impossible on account of the pain it caused. Muscular palpation was painless, but pressure at the point of exit occasioned severe pain through the entire region supplied by the sciatic nerve.

After three weeks of treatment the patient had a sudden access of pain so violent as to occasion repeated fainting, and strange to say, examinations revealed no trace of the crossde scoliosis, there being present a less accentuated, but diametrically opposed spinal aberation. Twenty-four hours later the pain had ceased and the scoliosis resumed its former character. Since then the same thing has happened on two occasions, the "homologous" form lasting respectively eighteen hours and two days. JELLIFFE.

La Syringomyelia —Maladie Familiale. By R. Verhoogen and P. Vandervelde, Brussels, 1894 (Henri Lamertin, publisher, 20 Rue du Marché au Bois).

The authors report three cases of syringomyelia occurring in the same family (two sisters, one brother). The diagnosis was confirmed by autopsy in one of the cases, which presented such a similarity of symptoms that no doubt can exist as to the identity of the condition in the other two cases. The sensory and trophic disturbances predominated over the motor ones, which were most marked in the post-mortem case. The sensory anomalies differed from the common type and varied as to distribution in the three patients. In case one and two they were confined to some fingers of both hands, part of the affected areas showing complete general anæsthesia, others only analgesia, others diminished tactile and pain sense with complete loss of the sense of temperature. In case three (autopsy case), only the lower extremities (but in their whole extent) showed disturbances of sensation: marked alteration of the temperature sense (notices no difference between cold and warm bodies), tactile sense preserved but perverted (feels the friction with a brush, but does not recognize the nature of the stimulus, attributing it at times to a warm body, at times to a cold body)—painful stimuli produce the sensation of heat instead of pain.

Trophic disturbances varying in the three cases: cyanosis, glossy skin, cutaneous changes similar to scleroderma, formation of blisters, deformation of nails. In all three cases deformities of most of the joints, curvature of spinal column, unequal size and shape of the individual vertebrae (as proven in the post-mortem case). In case three gastro-intestinal disturbances.

There were muscular atrophies in all three cases, in one of them the abductor pollicis brevis muscle had disappeared altogether on both sides. In case three (autopsy) a pseudohypertrophy of the forearm muscles and a sclerosis of the hand muscles was found.

The microscopical examination of the cord in case three revealed a cavity (diameters of it varying between 0,144 mm. and 0,176 mm. in ventro-dorsal direction, between 0,320 mm. and 0,560 in transverse direction), situated ventrad and somewhat to the left of the central canal. This cavity is absolutely independent of the central canal and shows no ependymary lining. It can be traced through the whole length of the cord. Besides this, a sclerotic degeneration, the nerve fibres being replaced by connective tissue, is found in rather irregularly distributed areas of the posterior, lateral and anterior columns.

The authors consider the changes in the white substance to be pathogenetically identical with those of the gray substance including the cavity formation. They conclude them to be due to vascular alterations producing a sclerotic condition of the connective tissue, which in the white substance leads to degeneration of fibres, in the gray substance to the formation of cavities. The sclerosis is not confined to the nervous system, but present also in the skin, the muscles, the joints, etc., and the changes in these other organs are, in their opinion, not secondary to the alterations in the nervous system, but primary, due to a general "fibrous diathesis." The etiological origin of this "fibrous diathesis" must be sought for in the "alcoholism" and atheromatosis of both parents of the patient, which would explain the family character of the disease in the observations reported. ONUF.

Nervous Sequelæ of Grippe. *Rev. Intern. de Med. et de Chir.*, Nov. 25, 1895. Biet recounts the observed consequences of grippe upon the nervous system in a formidable list, which includes for the brain, meningitis, meningo-encephalitis, cerebral abscesses and chronic diffuse encephalitis; for the peripheral nerves, neuralgia and neuritis, with various trophic troubles, such as atrophies, herpes, etc. In another chapter he considers the effects upon the cord and its members, meningitis, myelitis and several forms of sclerosis. When a nervous disorder of the cord, such as tabes, is already present, he finds there is an increase of the pains and an aggravation of the motor difficulty. The chronic forms of myelitis are variously affected; sometimes not at all; sometimes a new acuteness of action appears, with increased paralysis. In the fourth chapter he records the appearance of neurasthenia, hysteria, epilepsy, chorea, and exophthalmic goitre in patients who had previously shown no trace of them, and in the final chapter shows that it is possible for grippe to provoke the deliriums of feebleness, such as melancholia and hypochondriasis, of delirium with hallucinations, of dementia, and of various mental